

Cancel 1-50
125-438

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE								
							APPLICANT(S)									
CLAIMS																
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51									
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47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.							TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	